HEALTH STATUS OF THE POPULATION LIVING IN THE GEOTHERMAL AREA OF **TUSCANY REGION, ITALY**

Fabrizio Minichilli, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Italy

Simone Bartolacci, Regional Health Agency of Tuscany, Dept. of Epidemiology, Florence, Italy

Elisa Bustaffa, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Italy; CNR-Tuscany Region "Gabriele Monasterio" Foundation, Unit of Epidemiology, Pisa, Italy

Francesco Cipriani, Regional Health Agency of Tuscany, Dept. of Epidemiology, Florence, Italy

Daniela Nuvolone, Regional Health Agency of Tuscany, Dept. of Epidemiology, Florence, Italy

Anna Pierini, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Italy; CNR-Tuscany Region "Gabriele Monasterio" Foundation, Unit of Epidemiology, Pisa, Italy

Maria Angela Protti, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Italy

Anna Maria Romanelli, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Ítaly

Maria Angela Vigotti, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Italy

Fabrizio Bianchi, CNR Institute of Clinical Physiology, Unit of Environmental Epidemiology, Pisa, Italy; CNR-Tuscany Region "Gabriele" Monasterio" Foundation, Unit of Epidemiology, Pisa, Italy

Background and Aims: in two areas of Tuscany 31 geothermal power plants have been operating since the eighties. Hydrogen sulphide (H2S) and mercury vapours in the air, inorganic arsenic in groundwater and in drinking water are the main pollutants. Communities' concern for health effects increased in the last decade. A descriptive epidemiological study commissioned by the Tuscany Region was carried out in 2010.

Methods: sixteen municipalities, 43,400 inhabitants were considered; 60 causes of mortality 1980-2006 and of hospitalization 1998-2006 were compared with regional and local figures (80 municipalities around the study areas). For the total area, 2 subareas and 16 municipalities, standardized and Bayesian age-adjusted rates and clustering analysis were performed.

Results: in the whole area total mortality was in excess for men (SMR=106) but not for women; significant excesses emerged for respiratory causes (SMR=125) and infective diseases (SMR=236) in men, for hepatic cirrhosis among women (SMR=142). No excesses of hospitalization for all causes, all cancers, all cardiovascular diseases resulted; SHR was in excess for stomach cancers in males and females (SHR=146;185), for leukaemia among women (SHR=167). In the northern subarea excesses of hospitalization for leukaemia in women (SHR=250), digestive diseases in both genders (SHR=113) were found. In the southern subarea mortality excesses of total causes, all cancers, respiratory diseases emerged for men (SMR=113;119;128), for acute respiratory and digestive diseases among women (SMR=141;132). Excesses of hospitalization for stomach cancers in males and females (SHR=160;208), kidney failure in both genders (SHR=136), respiratory diseases among women (SHR=113) emerged. Excesses of mortality and hospitalization prevailed in municipalities of southern subarea. Bayesian and clustering analysis confirmed the main results.

Conclusions: although the mortality and hospitalization profiles did not show a critical situation and some excesses were likely to be associated with past occupational exposure or life-style determinants, a GIS assisted case-control study is in progress for some emerged signals, mainly regarding leukaemia, renal and respiratory diseases particularly to assess possible effects of H₂S low doses exposure.